

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEW COMPOSITION AND METHOD FOR THE TREATMENT OF DYSGLUCAEMIA

the specification of which (check one) XX is attached hereto or ___ was filed on ___ as Application No. ___ and was amended on ___ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed
Yes No

<u>SE 0003877-8</u>	<u>SWEDEN</u>	<u>25 OCTOBER 2000</u>	X
Number	Country	Day/Month/Year Filed	
Number	Country	Day/Month/Year Filed	

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) below.

<u>US 60/243,072</u>	<u>25 OCTOBER 2000</u>
Application Number	Filing Date

Application Number	Filing Date
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I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number Filing Date Status: Patented, Pending, Abandoned

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Henri Hansson

Inventor's signature _____

_____ Date

Residence Larkstigen 12, SE-255 91 HELSINGBORG, SWEDEN

Citizenship SWEDEN

Post Office Address _____

Full name of second joint inventor, if any, Mats Lake

Inventor's signature _____

_____ Date

Residence Tulevagen 17, SE-181 41 LIDINGO, SWEDEN

Citizenship SWEDEN

Post Office Address _____

Full name of third joint inventor, if any, Kerstin Hansson

Inventor's signature _____

_____ Date

Residence Karnnasvagen 9K:115, SE-226 46 LUND, SWEDEN

Citizenship SWEDEN

Post Office Address _____

Applicant or Patentee: Henri Hansson et al.

Appln. or Patent No.: 60/243,072

Filed or Issued: October 25, 2000

For: NEW COMPOSITION AND METHOD FOR THE TREATMENT OF DYSGLUCAEMIA

Attorney's
Docket No.: 23544-7001

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(d) and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Metcon Medicin AB

ADDRESS OF CONCERN Dalenum 17, SE-181 70 Lidingo, Sweden

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled NEW COMPOSITION AND METHOD FOR THE TREATMENT OF DYSGLUCAEMIA by inventor(s) Henri Hansson et al. described in

☒ the specification filed herewith with title as listed above.

☐ application no. , filed .

☐ patent no. , issued .

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME _____

ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

NAME _____

ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time or paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Mats Lake, Ph.D.

TITLE OF PERSON OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING Dalenum 17, SE-181 70 Lidingo, Sweden

SIGNATURE: _____

DATE: _____